

State of Delaware
 Health Policy & Planning Subcommittee Topic Tracking Log
 12/4/2018

Meeting Date	Agenda Topic(s)	New Topic(s)	Quick Hits (Follow-ups Outside of Meeting)	Short Term FY20 Focus Topics	Long Term Focus Topics	No Longer Consider	Move to/Receive direction from SEBC
	<i>Planned discussion topics for this date's meeting</i>	<i>Topics brought up during the meeting for further consideration</i>	<i>Follow-up to be sent to subcommittee after discussion</i>	<i>Topic determined for continued subcommittee dialogue</i>	<i>Topic tabled for longer term consideration</i>	<i>Agreed upon to cease discussion of topic</i>	<i>Decision to move topic for presentation and potential approval/receive direction from SEBC</i>
10/25/2018	<ul style="list-style-type: none"> - Committee Business Rules - Overview of GHIP Planning Discussions with SEBC - FY20 Planning - Short Term Opportunities 	<ul style="list-style-type: none"> - Details on demographic shifts - Refresher on Health Plan Task Force report and current state analysis conducted in FY17 (health risk/utilization vs. benchmarks) - How "access" is defined in strategic framework - How tactics align to each strategy within the strategic framework - Revisit new proposed goals within the strategic framework - Local Hospital cost (in executive session) - Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose & timing) - PCP attribution / value of annual physicals / on-site clinics and other primary care options ("direct primary care", mobile units, TPA ability to support) - Engagement planning (definition, opportunities to improve, cohort/pilot studies, how measured) - Value-based care (definition, options for consideration, early outcomes, State-level initiatives, TPA ability to support) - Plan mix/options (choice, traditional vs. consumer-directed, network & TPA options) - Program incentives (types, alignment with goals / population or cohort needs, delivery methods) - Education/programs targeted at specific population need - Management of cost based on behavior/lifestyle (i.e., tobacco usage) 	<ul style="list-style-type: none"> - Details on demographic shifts - Refresher on Health Plan Task Force report and current state analysis conducted in FY17 (health risk/utilization vs. benchmarks) - How "access" is defined in strategic framework - How tactics align to each strategy within the strategic framework - Summary of subcommittee feedback on / prioritization of GHIP influencing levers 	<ul style="list-style-type: none"> - Site-of-Care Steerage (including opportunities, total and member-paid cost differentials for services) - Centers of Excellence Specifics (plan design, incentives, scope of COE-eligible procedures) 	<ul style="list-style-type: none"> - Revisit new proposed goals within the strategic framework - Local Hospital cost (in executive session) - Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose & timing) - PCP attribution / value of annual physicals / on-site clinics and other primary care options ("direct primary care", mobile units, TPA ability to support) - Engagement planning (definition, opportunities to improve, cohort/pilot studies, how measured) - Value-based care (definition, options for consideration, early outcomes, State-level initiatives, TPA ability to support) - Plan mix/options (choice, traditional vs. consumer-directed, network & TPA options) - Program incentives (types, alignment with goals / population or cohort needs, delivery methods) - Education/programs targeted at specific population need - Management of cost based on behavior/lifestyle (i.e., tobacco usage) 		<ul style="list-style-type: none"> - Local Hospital cost (in executive session) - Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose & timing)
11/7/2018	<ul style="list-style-type: none"> - Updates from the October 25th - Centers of Excellence (COE) Plan Design 	none	<ul style="list-style-type: none"> - Analysis of potential claim savings/cost avoided for use of non-COEs vs. COEs presented previously to the SEBC. 	<ul style="list-style-type: none"> - COE travel allowance, communications and considerations for requiring member contact with SurgeryPlus prior to surgery 	<ul style="list-style-type: none"> - Reference-based pricing (continued dialogue including the points noted for this topic above) 		<ul style="list-style-type: none"> - Reference-based pricing (continued dialogue including the points noted for this topic above)

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12/4/2018	<ul style="list-style-type: none"> - Updates from November 7th - FY20 Planning - Open Enrollment Employee Engagement - FY20 Planning - Site of Care Steerage 	<ul style="list-style-type: none"> - Analysis and recommendations for population cohorts to support engagement planning (ways to define - demographics, risk status, occupation, etc., goals for engagement, measurement strategy) - Further dialogue on freestanding imaging facilities (info available on SBO website, locations throughout the State, how promoted among employees today, subcommittee suggestions for future communication strategy, updates on recent developments in Sussex County) - Updates from Primary Care Coalition meetings, direct primary care options and updates on R-Health relationship with State of NJ - Overview of diabetes health management resources available within the GHIP (current and future opportunities) - Update on COE plan design, incentives and engagement strategy (in January 2019) - Review opportunities to further engage and track engagement of Participating Groups - Identify and analyze employees who do not engage in OE - Review ability to market FQHCs - Analyze demographics of users of primary care, urgent care, no care and correlation to chronic disease and health risk - Consider ways to collaborate with non-hospital facilities to encourage greater utilization 	<ul style="list-style-type: none"> - Recirculate data on primary care access and utilization within the GHIP (PCP attribution rate, % population with at least 1 PCP visit, etc.) - Provide agency scorecard template - Provide recent Health Resources Board approvals 	<ul style="list-style-type: none"> - Further dialogue on freestanding imaging facilities (info available on SBO website, locations throughout the State, how promoted among employees today, subcommittee suggestions for future communication strategy, updates on recent developments in Sussex County) - Review site of care website materials and non hospital sites - Updates from Primary Care Coalition meetings and on SBO discussions with R-Health (early 2019) - Overview of diabetes health management resources available within the GHIP (current and future opportunities) - Update on COE plan design, incentives and engagement strategy (in January 2019) 	<ul style="list-style-type: none"> - Analysis and recommendations for population cohorts to support engagement planning (ways to define - demographics, risk status, occupation, etc., goals for engagement, measurement strategy) - explore options to increase access and use of primary care such as direct primary care - Analysis and recommendations for population cohorts to support engagement planning (ways to define - demographics, risk status, occupation, etc., goals for engagement, measurement strategy) - Updates from Primary Care Coalition meetings, direct primary care options and updates on R-Health relationship with State of NJ - Review opportunities to further engage and track engagement of Participating Groups - Identify and analyze employees who do not engage in OE - Analyze demographics of users of primary care, urgent care, no care and correlation to chronic disease and health risk - Consider ways to collaborate with non-hospital facilities to encourage greater utilization 		

State of Delaware
 Financial Subcommittee Topic Tracking Log
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10/25/2018	<ul style="list-style-type: none"> - Committee Business Rules - Overview and History of Group Health Financials - Quarterly Financial Reporting Format - Trend Methodology 	<ul style="list-style-type: none"> - Look at demographic/geographic cuts of claim costs - Provide regional breakdown of trend (include Rx net of rebates) - Research other states financial reporting - what data/metrics do other states find valuable? - Reference-based pricing - Should the subcommittee establish a level of funding for future legislative actions? - Provide total cost share pie chart (shown in 10/25 P&P subcommittee meeting) - Medical administrative fees - amount and % of total cost? 	<ul style="list-style-type: none"> - Review demographic/geographic cuts of claim costs - Provide regional breakdown of claim cost/trend - Provide GHIP quarterly claims exhibit net of Rx rebates - Review components of national health care trend (price, utilization) - Provide total cost share pie chart (shown in 10/25 P&P subcommittee meeting) - Medical administrative fees - amount and % of total cost? 	<ul style="list-style-type: none"> - Premium Increases - Measuring savings for adopted programs (e.g., site-of-care steerage) - Walk-through quarterly reporting (what does the data suggest are the GHIP's problems and opportunities for short/long-term focus?) - Research other states financial reporting - what data/metrics do other states find valuable? 	<ul style="list-style-type: none"> - Reference-based pricing - Pricing equity - Should the subcommittee establish a level of funding for future legislative actions? 		<ul style="list-style-type: none"> - Reference-based pricing - Should the subcommittee establish a level of funding for future legislative actions?
11/7/2018	<ul style="list-style-type: none"> - Updates from October 25th - FY18 Q4 Dashboard and Incurred Reporting Overview - Reserve, Claim Liability & Surplus Methodology Discussion 		<ul style="list-style-type: none"> - Estimated participating group fees in aggregate - Provide commentary on how specialty drug costs vary by place of care and what other employer's are doing to address these costs - IBM Watson Health to determine if prior quarter net paid amounts can be added to top clinical conditions in incurred reporting - IBM Watson Health to determine if HCC exhibit in quarterly dashboard can be broken down by claimant status (e.g., termed vs ongoing) 	<ul style="list-style-type: none"> - Develop reporting baseline for initiatives that may be adopted for FY20 (and beyond) - Establish reporting metrics to track recent GHIP initiatives (i.e., site of care steerage) - Continued discussion of minimum reserve methodology; model and evaluate alternative methodologies - Continued discussion of use of surplus; consider spreading over 2-3 years 	<ul style="list-style-type: none"> - Review detailed incurred utilization report once per year 		<ul style="list-style-type: none"> - Approved change to summary at the bottom of Fund Equity exhibit; will be reflected in October Fund report
12/4/2018	<ul style="list-style-type: none"> - Updates from November 7th - October Fund Report - FY19 Q1 Reporting and Reforecasted Long Term Projection - Reserve and Surplus Modeling 	<ul style="list-style-type: none"> - Review past SEBC discussions related to salary-banded employee contribution structure 	<ul style="list-style-type: none"> - Historical enrollment growth for GHIP - Circulate June 2017 document with enrollment distribution by salary (provide to both subcommittees) - Provide historical budget vs. actual results for last 5 to 10 years; track moving forward 	<ul style="list-style-type: none"> - During next meeting on 12/18, Financial Subcommittee to finalize recommendations regarding reserve methodology and use of surplus to bring to SEBC - For future long term projection exhibits, show the \$ impact range to employee for any modeled premium increases, as well as FY17 % change per member 			<ul style="list-style-type: none"> - Present October Fund Equity at 12/10 SEBC meeting - Present FY19 Q1 financial results and revised long term projections at 12/10 SEBC meeting